

# ACCESS TO CRITICAL HEALTH SERVICES: HELPING PEOPLE GET NEEDED SERVICES

Access to health services is a high-profile public policy issue at the local, state, and federal level. As health care costs continue to escalate, and a growing share of Washington residents lose private and public health care coverage, the state's public health system role in assuring access to critical health services—a core public health function and one of Washington's *Standards for Public Health*—becomes increasingly important.

But achieving this ambitious goal, even in the best of times, requires a series of steps and decisions to determine which services are truly essential, identify gaps in these services, and engage community partners in closing these gaps. Making substantial progress in these areas while local resources shrink and safety nets fray is all the more daunting. Innovative leadership, community mobilization, and regional and statewide collaborations are required to deal with a problem of this scope and magnitude.

The Washington State Board of Health (SBOH) took the first steps in addressing this public health standard by asking the question, “Access to what?” Its answer, published in 2001, was to define critical health services as “safe, evidence-based health care services that have a predictable benefit to the health status of the community at large.”

The SBOH then developed a Menu of Critical Health Services, which lists the health care

services and health conditions or risks for which appropriate services—screening, education and counseling, or interventions—should be available in every community. The menu addresses eight areas: general access; health risk behaviors; communicable and infectious diseases; pregnancy and maternal, infant, and child health and development; behavioral health and mental health services; cancer services; chronic conditions and disease management; and oral health.

Using an evidence-based methodology, the SBOH reached a clear determination that access to needed health services requires much more than personal medical care. Improvement of community health status requires a broad range of complementary health services that are often overlooked and unappreciated in the continuing debate over access to health services. The SBOH saw the broadening of this vision of what it takes to have a healthy community as a unique mission for the public health system in general and the PHIP access standard in particular (see <http://www.doh.wa.gov/phip/Access/default.htm>).

With the menu established, the SBOH turned to the task of measuring access to health services and identifying access gaps at the community level. Early on, it determined that reliable local data about access to the critical services simply do not exist.



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The Access Committee, joined by a new partner, the Washington Health Foundation, has embarked on several activities designed to improve health services access issues at the community level. The committee has begun to work closely with local health jurisdictions, provider groups, and other community partners to understand better the successful access projects that are underway throughout the state. The committee hopes that a systematic review of these success stories will identify innovative strategies, essential community partners, and the types of technical assistance that are needed to support local access projects among Washington's diverse communities.

Following are some of the efforts underway across the state to address access issues:

- The Washington Health Foundation's **Healthiest State in the Nation Campaign** builds upon a series of 2003 community forums regarding health system change, which found that "fairness" was the important public value for our health system. Washington State is currently ranked as 15 under the United Health Foundation's annual state ranking report. The Washington Health Foundation campaign is intended to educate and engage the public on the many changes and actions that are necessary to make us number 1. In addition, the foundation has chosen to focus on access to care for the state's most vulnerable populations as one of its major contributions to the overall campaign.
- The **Healthy Communities Access Program**, a project of the U.S. Health Resources and Services Administration, supports the work of communities to provide "safety net" services for the uninsured and underinsured. The goal is to reorganize health care delivery systems to coordinate more sharing of uncompensated care among local health care providers. Five projects have received funding to do this

### **The Whatcom Alliance Access Project**

This collaboration of the Whatcom County Health Department, health care providers, community groups, local businesses, and consumers works to increase health services access. Its key components are:

#### **Outreach—**

- Developing a user-friendly website and health outreach materials
- Establishing a network of trained volunteers to ensure Medicaid enrollment
- Placing professional outreach workers strategically in venues such as hospital emergency departments

#### **Systems re-design, care coordination and case management—**

- Improving care management and clinical staff productivity by implementing open access scheduling at participating community clinics
- Improving clinical outcomes for low-income, underserved patients

#### **Develop a system of managed, donated specialty care—**

- Establishing a specialist recruitment program for donated services
- Establishing a shared database that can be used by community clinics to ensure that all qualifying patients have equal access to needed specialty care

#### **Long-term system capacity building—**

- Establishing a community-based physician recruitment and retention program
- Creating a public-private partnership to sustain community-based access initiatives

work in Washington. In Spokane, for example, the project has developed a provider network that will take uninsured patients on a rotation basis, and it supports a referral system from the emergency room to primary care. Partners in this effort include local health departments, public hospitals, community health centers, universities, and state governments.

- **Communities Connect** is a statewide collaboration of concerned community members and leaders who are working together to improve access to care. This work fosters grassroots efforts to promote health system change, supports information-sharing on solutions to health care problems, provides technical assistance to communities, and develops shared objectives for local, state, and federal policy.
- Clark County's **Community Choices 2010** brings together local partners to assess regularly demographic and health data with the overall purpose of building awareness and support for the community's health. This work has focused on several health issues, such oral health, adult smoking, teen pregnancy, and the uninsured. A community report card provides information in 33 indicator areas, including new categories of social connectedness, educational health (readiness to learn), and violence and injury (domestic violence).

Community-based work on access has engaged other Washington counties, including Benton-Franklin, Clallam, Jefferson, Kittitas, Thurston, Spokane, and Whatcom (see page 42 and

Appendix 12). The focus of this work changes over time, as new health issues or diseases emerge. Among the issues addressed so far are maternity care access, oral health, mental health, and provider shortages. Recognizing that other county efforts are underway, the committee will collect and describe examples of successful projects throughout the state.

One of the greatest challenges the Access Committee faces is finding ways to work with health system elements that are outside of the public health system, such as reimbursement through Medicare and Medicaid. Or, transportation, which must be accessible and available for low income populations—especially in rural and sparsely populated areas—for access to health services to be possible. Work to ensure access to care must also recognize the presence of health disparities across ethnic and racial groups in the state, as discussed in the Key Indicators work in Chapter 1. Finally, health care workforce issues are also critical: we need an adequate supply of health professionals, and as a group, they need to be representative of diverse populations.

In addition, the committee has learned there is no one-size-fits-all solution to improving access to critical health services. Each of Washington's 35 local public health jurisdictions has a different level of involvement with access-related issues, reflecting unique community resources, opportunities, and circumstances. Achieving greater access to critical health services in Washington's communities will depend on a host of local variables, including provider recruitment and retention, engagement of community leaders, addressing health workforce shortages, and the many demographic characteristics that affect demand for care.

## Recommendations for 2005-07

1. Collect and analyze community success stories.

Using a common set of data elements and characteristics, collect and share models of community-based and statewide efforts to address critical health service access.

Many local health jurisdictions have stories to tell of their involvement in their communities on projects that focus on access. A Resource Guide of Models or Practices will be compiled and made available via web and hard copy. Data about health services should reflect a broad understanding of health, including underlying determinants of health.

2. Communicate lessons learned.

Find opportunities and forums to present findings and discuss the access standards work. Linking this work with PHIP communications efforts has great potential to expand the audience for public health's messages concerning community health improvement. The media covers health care access issues on a routine basis. Engaging the media to expand their focus to services other than personal medical care will stimulate needed debate on the true determinants of health and wise use of limited health care resources. Conferences such as the Joint Public Health Conference, Healthy Communities, the Washington Rural Health Association and others are places to share models of work to improve access.

3. Promote integration of and availability of data across programs.

Several Department of Health programs, other state programs, and private foundations collect data. The data collected on the key indicators for the state Report Card on health need to be integrated with these

data systems. Analysis may be done at the local or state level and shared with other agencies or with local health departments. These data are often used to support grant funding. The website [AssessNow.info](http://www.AssessNow.info) provides an opportunity to present data and analysis as well as studies on-line, making them accessible to local health jurisdictions and others (see <http://www.AssessNow.info>).

4. Look for additional resources to build on this work.

Help find resources to pilot, expand, or sustain models of implementing access standards at both the state and local level. Often, grant funds are available at the federal, state, and local level as well as through private foundations and charitable organizations. Some of the state's more notable access projects are based on creative local partnerships sustained by donated resources of community partners.

5. Develop long-term policy with respect to critical health services.

Among the elements of this work will be to explore further the central organizing role that local health jurisdictions can play in assuring community-based access to critical health services, with particular attention to population-based and clinical preventive services. It will be necessary to prioritize and focus efforts on services that are evidence-based and offer the greatest community benefit. The work of the SBOH can be built on to collect data about critical services. The committee will also begin to identify high-priority and feasible surveillance systems for use in determining access gaps at both state and local levels. These services can then be linked to existing quality improvement and safety efforts in the health care delivery sector.